



Health IT Policy Committee Meeting

Meeting Notes April 13, 2011

[Meeting Agenda](#)

The [Health IT Policy Committee](#) will make [recommendations](#) to the National Coordinator for Health IT on a policy framework for the development and adoption of a nationwide health information infrastructure, including standards for the exchange of patient medical information. The American Recovery and Reinvestment Act of 2009 (ARRA) provides that the Health IT Policy Committee shall at least make recommendations on standards, implementation specifications, and certifications criteria in eight specific areas.

Meaningful Use Update: Paul Tang

- Timeline for Meaningful Use Workgroup
 - Apr/May: MU WG revises draft recommendations in response to RFC input, other WG recs (e.g., IE, P&S, PCAST, QM)
 - May 11, 2011: Present revised set of stage 2 MU recommendations to HITPC
 - May 13: Hearing on specialists and feedback from field
 - June 8: Final stage 2 MU recommendations for HITPC approval
- May 13 Specialists Panel
 - Care Coordination Among Specialists, Primary Care, Care Management, Patients
 - EHR Support of Specialists in Patient Care + CDS
 - Population Data, including Registries
 - Experience from the Field
- Statutory Constraints on Meaningful Use
 - Medicare incentives are front-loaded (max for EP: 2011-12; Hospitals: 2011-13) and diminish over time
 - No incentives if not meaningful user by 2014 for Medicare
 - Final payments in 2016 for Medicare, 2021 for Medicaid
 - Once qualifying for MU, failing to meet the relevant MU stage requirement in any year results in missed payments under Medicare. In Medicaid, can receive full payment as long as 6 qualifying years of payment by 2021

- Medicare penalties for failing to qualify as meaningful user begins in 2015 for Medicare; no penalties under Medicaid
- Criteria for qualifying as meaningful user can be raised by HHS beyond 2015
- Meaningful Use Stage 2 Request for Comment Summary
 - Changes to existing objectives generally supported
 - Some question as to degree (such as increasing threshold and broadening the definition, e.g., CPOE)
 - Strong support for these new objectives:
 - ERx for discharge prescriptions
 - Electronic clinical progress notes
 - Electronic medication administration record
 - Patient-provider secure messaging
 - Recording patient preferences for communications
 - Mixed support for these new objectives:
 - Advanced directives for EPs
 - View & download longitudinal record
 - List of care team members
 - Longitudinal care plan
 - Some support current timeline (e.g., consumers /purchaser, health plans, disease management organizations)
 - Some propose lengthening timeline (e.g., hospitals, physicians, EHR vendors)
 - Timing issues:
 - EHR vendor development time
 - HIE governance time
 - Provider implementation and training time
 - For new functionality:

- Final Rule/Certification criteria requires vendor development, certification, end user implementation before getting to Meaningful Use qualification for incentives.
 - For existing functionality (already certified):
 - Final Rule then steps to Meaningful Use qualification for incentives
- Options for Stage 2 Timing
 1. Maintain current timeline and one-year reporting period; or
 2. Maintain current timeline and permit 90-day reporting period (gain up to 9 months delay); or
 3. Delay transition from stage 1 to stage 2 by one year (providers could get third-year payment for meeting stage 1 expectations); or
 4. Phase-in approach that separates existing from new functionalities
 1. 2013: Stage 2a using existing certified EHR functions with all-core objectives, increased performance thresholds and new quality measures
 2. 2014: Stage 2b objectives requiring new EHR functionalities take effect
 5. Other? (HITPC Suggestions?)
- The Meaningful Use Workgroup will present full draft recommendations at May 11 HITPC meeting for feedback prior to final recommendations on June 8
- Tony Trenkle: This weekend CMS starts Meaningful Use Attestation. Over the next few months we will better see how Stage 1 is playing out.
- Tony Trenkle: We tend to view Meaningful Use as the center of the universe. Timing for Stage 2 can't forget about other major initiatives (Affordable Care Act, ICD 10).
- Mostashari: If people are using 30% threshold, it is probably perceived as a "stupid idea." Stage 2 includes other objectives to drive the problem areas (problem lists.)

PCAST Report Workgroup (Paul Engerman)

- Submitting a [letter on PCAST Report](#) for Approval by HITPC
- Does not "judge" the report and doesn't make recommendations. It only suggests alternative options.
- Three Major Directives of PCAST

1. Accelerate progress to robust exchange health information
 2. Establish a new exchange architecture with a universal exchange language (change from ONC position of “a network of network” to “one flowerpot.”)
 3. Establish a transition path to the new exchange architecture
- Top three policy issues singled out by the Workgroup
 1. Privacy and Security
 2. Secondary Use of Data
 3. Governance
 - Four use cases: 1) Patient push between 2 points 2) Simple Search 3) Complex Search 4) De-identified aggregate data search
 - Meaningful Use Alternatives (Staged options that can build on each other)
 1. Patient Portal and Patient Access to Data
 2. Certification criteria for exchange transaction
 - Summary
 1. PCAST provides a strong vision for how that technology could be beneficially used as an important aspect of the learning health system
 2. There are major policy and operational feasibility concerns with the proposed technology.
 3. Aggressive and rapid progress is possible only with an incremental test-bed approach. Large operational tests are needed that resolve the policy and feasibility concerns.
 - HIT Policy Workgroup approves the letter to be submitted to ONC

Federal IT Strategic Plan Overview: Jodi Daniel (ONC)

- Goals
 1. Achieve Adoption and Information Exchange through HIT
 2. Improve care and population care, and reduce healthcare costs through meaningful use of health IT.
 3. Inspire trust in health IT
 4. Empower patients through use of health IT to improve their health

5. Achieve rapid learning and technological advancement.

- Public Comments on the Federal Health IT Strategic plan are due on April 22, 2011. Comments should be submitted at: <http://www.healthit.gov/buzz-blog/from-the-onc-desk/hit-strat-plan/>

Privacy and Security Workgroup Recommendations (Deven McGraw)

- EHR User (Provider) Authentication
 - Meaningful Use Stage 2
 - Eligible providers and hospitals should be required to obtain digital certificates and the EHR certification process should test use of digital certificates for appropriate transactions.
 - Eligible Providers are required to comply with the DEA rule regarding e-prescribing of controlled substances and stage 2 certification testing criteria for EHRs should include testing of compliance with the DEA authentication rule, which requires two-factor authentication
- Patient Portals
 - Identity Proofing
 - ONC should work with NIST to provide guidance to providers on trusted identification methods to reflect Federal government e-identification efforts and innovations in technology.
 - Authentication Recommendations
 - Stage 2 should require providers to use at least a user name and password to authenticate patients.
 - Certified EHRs should include a capability to detect and block programmatic attacks or attacks from a known but unauthorized person (e.g. auto lock-out); this requirement should be included as a Stage 2 requirement.
 - ONC should work with NIST to provide guidance to providers on trusted identification methods. This should reflect Federal government e-identification efforts and innovations in technology.
- Stage 2 Security Risk Assessment
 - Recommends that Eligible Providers and Eligible Hospitals continue to be required to do a security risk analysis

- Providers and hospitals must address how they are implementing encryption functionalities for data at rest and must attest that they have done this as part of their required security risk assessment
- Patient Matching
 - The Standards Committee should identify standard formats for data fields that are commonly used for matching patients.
 - The Standards Committee should specify standards that describe how missing demographic data should be represented during exchange.
 - The Standards Committee should consider whether USPS address validation and normalization would be beneficial to improved matching accuracy.
 - Stage 2 certification criteria should include testing that appropriate transactions are sent/received with the correct demographic data formats and data entry sequences exist to reject incorrectly entered values.

Enrollment Workgroup Update (Sam Karp)

The Enrollment Workgroup submitted [a letter with recommendations](#) for Affordable Care Act enrollment requirements. The HIT Policy Committee approved the letter submission to be sent to Secretary Sebelius and National Coordinator Mostashari.